



INSTRUCTIONS FOR TURNING APPLICATION INTO DOUBLE M TRUCKING OFFICE

1. Download/Save this file and email to:
norby@doublem-trucking.com

2. Print Application out and Mail to:

**Double M Trucking
“Applications Dept”
PO Box 1149
Alice, Tx 78333-1149**

**If further Assistance is needed please call
361-661-1037 and ask for help with Application.**

DQF-CDL CHECKLIST

DRIVER NAME: _____

DRIVER CDL#: _____

Documents that do not expire and are required to be completed before Safety sensitive functions are performed. (Place on left side of the Driver Folder)

- ____ (1) Application for Employment (391.21) *(All parts must be completed)*
- ____ (2) Certification of Road Test (391.31) *Copy to be given to driver.*

Documents that do not expire and are required to be completed within 30 days after safety sensitive functions are performed. (Place these to the left side of the Driver File)

- ____ (3) Pre-employment Motor Vehicle Request (MVR) *(Includes Fair Credit Reporting Act Disclosure Statement)*
- ____ (4) MVR Results (391.23(1))
- ____ (5) Pre-employment Drug Test Authorization
- ____ (6) Drug test results
- ____ (7) Previous Employer Investigation for Driving History and Safety Performance. (391.25(a)) *(Include responses received, and documentation for those who would not respond after 3 tries).*

Documents that expire and MUST be renewed. Place on the right side of the Driver Folder and replace as renewed.

- ____ (8) Photocopy of Current Driver's License
- ____ (9) Medical Card - Certificate of Physical Examination (391.43(f))
MUST BE COMPLETED BEFORE SAFETY SENSITIVE FNCTIONS PERFORMED.
Copy of certification must be on driver at all times. (391.41)
- ____ (10) Annual MVR (391.25(a))
- ____ (11) Annual Driver's List of Violations and Manager's Review Note
(391.25(c)(2) / 391.27) *MVR results MUST be reviewed in addition to Driver's List of Violations.*



UNIT #	FOR OFFICE USE	FOR OFFICE USE
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(1) Driver Application - Page 1

THIS INFORMATION HEREIN REQUESTED IS PURSUANT TO REGULATIONS OF THE U.S. DEPARTMENT OF TRANSPORTATION

DRIVER INFORMATION

DATE: _____ TERMINAL: ALICE SSN#: _____

COMPANY NAME: _____

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ / _____ / _____ / _____
Street City State Zip

HOME PHONE: (____) _____ CELL: (____) _____

WORK CELL PHONE: (____) _____ ----- (24 HOURS, 7 DAYS A WEEK)

EMAIL: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____ CDL: YES / NO

LICENSE EXPIRES: _____ CLASS: _____ ENDORSEMENTS: _____

YEARS EXPERIENCE OPERATING PNEUMATICS: _____

YEARS EXPERIENCE DRIVING TRACTOR / TRAILER: _____

MEDICAL CARD DATE ISSUED: _____ EXPIRES: _____

LAST DATE OF DRUG Urine Analysis: _____

DRIVER MOTOR VEHICLE RECORD RELEASE: DRIVER SIGNATURE: _____

☐ Yes ☐ No Have you been convicted of a DUI, DWI, Felony or Theft within the past 5 years?

☐ Yes ☐ No Have you had any accidents in the past 3 years?

☐ Yes ☐ No Have you had any moving violations within the past 3 years?

☐ Yes ☐ No Do you give consent to Double M Trucking to contact your previous employer(S)

This company requires all Drivers who drive Commercial Motor Vehicles (CMV) which require a Commercial Driver's License (CDL), to be controlled substances tested with a negative result prior to driving.

☐ Yes ☐ No Do you consent to such Testing?

****PLEASE LIST ANY ACCIDENTS OR VIOLATIONS ON NEXT PAGE****

DOUBLE M TRUCKING HAS A ZERO TOLERANCE FOR DRUGS AND ALCOHOL



UNIT #	FOR OFFICE USE	FOR OFFICE USE

(1) Driver Application - Page 2

THIS INFORMATION HEREIN REQUESTED IS PURSUANT TO REGULATIONS OF THE U.S. DEPARTMENT OF TRANSPORTATION

DRIVER INFORMATION

☐ Yes ☐ No Have you ever been denied a license, permit or privilege to operate a motor vehicle?
☐ Yes ☐ No Has any license, permit or privilege ever been suspended or revoked?

DUI, DWI, FELONY OR THEFT		
DATE	STATE	DETAILS (Loss of License, Suspension, etc.)

ACCIDENTS		
DATE	STATE	DETAILS Nature of Accident (Head-On, Rear-End, etc.)

MOVING VIOLATIONS		
DATE	STATE	DETAILS (Loss of points, Out of Service, etc.)

PLEASE CONTINUE TO LAST PAGE
DOUBLE M TRUCKING HAS A ZERO TOLERANCE FOR DRUGS AND ALCOHOL



UNIT #	FOR OFFICE USE	FOR OFFICE USE

(1) Driver Application - Page 3

THIS INFORMATION HEREIN REQUESTED IS PURSUANT TO REGULATIONS OF THE U.S. DEPARTMENT OF TRANSPORTATION

DRIVER INFORMATION

WORK HISTORY	
1	PREVIOUS EMPLOYER INFORMATION (FILL IN ALL AREAS)
COMPANY NAME:	
POSITION HELD:	
START DATE:	END DATE:
REASON FOR LEAVING:	
SUPERVISOR NAME:	
COMPANY ADDRESS:	
COMPANY PHONE NUMBER:	
2	PREVIOUS EMPLOYER INFORMATION (FILL IN ALL AREAS)
COMPANY NAME:	
POSITION HELD:	
START DATE:	END DATE:
REASON FOR LEAVING:	
SUPERVISOR NAME:	
COMPANY ADDRESS:	
COMPANY PHONE NUMBER:	
3	PREVIOUS EMPLOYER INFORMATION (FILL IN ALL AREAS)
COMPANY NAME:	
POSITION HELD:	
START DATE:	END DATE:
REASON FOR LEAVING:	
SUPERVISOR NAME:	
COMPANY ADDRESS:	
COMPANY PHONE NUMBER:	

**APPLICANT MUST COMPLETE OR REVIEW THE ABOVE
APPLICANT'S ORIGINAL SIGNATURE MUST APPEAR BELOW**

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

IF YES PLEASE SIGN: _____

(1) Driver Application – Page 4

DRIVER STATEMENT OF ON-DUTY HOURS

(For Newly Hired Drivers)

INSTRUCTIONS: Motor Carriers when using a driver for the first time shall obtain from the driver a signed statement giving the total time on-duty during the immediately preceding 7 days and time at which such driver was last relieved from duty prior to beginning work for such carrier. Rule 395.8(j)(2) Federal Motor Carrier Safety Regulations. NOTE: Hours for any compensated work during the preceding 7 days, including work for a non-motor carrier entity, must be recorded on this form.

Driver Name (Print) _____ Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____

Type of License _____ Issuing State _____

State Number Class Endorsement(s) Restriction(s)

DAY	1 (yesterday)	2	3	4	5	6	7	
DATE								
HOURS WORKED								TOTAL HOURS

I hereby certify that the information given above is correct to the best of my knowledge and belief, and that I was last relieved from work at TIME _____ AM / PM, on _____
(Month / Day / Year)

Driver's Signature

Date

DRIVER CERTIFICATION FOR OTHER COMPENSATED WORK

INSTRUCTIONS: When employed by a motor carrier, a driver must report to the carrier all on-duty time including time working for other employers. The definition of on-duty time found in Section 395.2 paragraphs (8) and (9) of the Federal Motor Carrier Safety Regulations includes time performing any other work in the capacity of, or in the employ or service of, a common, contract or private motor carrier, also performing any compensated work for any nonmotor carrier entity.

☐ Yes ☐ No Are you currently working for another employer?

☐ Yes ☐ No At this time do you intend to work for another employer while still employed by this company?

I hereby certify that the information given above is true and I understand that once I become employed with this company, if I begin working for any additional employer(s) for compensation that I must inform this company immediately of such employment activity.

Driver's Signature

Date

Witness – Company Representative

Date

(2) ROAD TEST

Driver Name (Print) _____ Social Security Number _____

Driver's License: State _____ Number _____ Class _____ Endorsement(s) _____

Type of License _____ Issuing State _____

§391.31 (c) The road test must be of sufficient duration to enable the person who gives it to evaluate the skill of the person who takes it at handling the commercial motor vehicle, and associated equipment, that the motor carriers intends to assign to him/her. As a minimum, the person who takes the test must be tested, while operating the type of commercial motor vehicle the motor carrier intends to assign him/her, on his/her skill at performing each of the following operations:

Rate Driver 1-10 on each category:

- _____ 1. PRE-TRIP INSPECTION AND EMERGENCY EQUIPMENT § 392.7; *(Checks general condition approaching unit, looks for leakage of coolants, fuel, lubricants, oil, water, general condition of engine, steering, tires lights, trailer hookup, brake and light lines, body doors, horn windshield wipers. Tests brake action, tractor protection valve, and parking brake. Checks horn, windshield wipers, mirrors, emergency equipment, reflectors, flares, fuses, tires chains, fire extinguisher, instruments for normal readings, dashboard warning lights, and reviews & signs Pre-Trip report.)*
- _____ 2. COUPLING AND UNCOUPLING; *(Lines up unit, connects glad hands to trailer to apply trailer brakes before coupling, light line properly, couples without difficulty, visually checks king pin assembly to be certain of proper coupling, checks coupling by applying hand valve or tractor protection valve gently applying pressure by trying to pull away from trailer, assures that surface will support trailer before uncoupling.)*
- _____ 3. PLACING VEHICLE IN MOTION AND USE OF CONTROLS; *(Engine: Places transmission in neutral before starting engine, Starts without difficulty, Allows proper warm-up, Understands gauges, Maintains proper engine speed, Doesn't abuse motor; Clutch & Transmission: Starts loaded unit smoothly, Uses clutch properly, Times gearshifts properly, shifts gears smoothly, uses proper gear sequence; Brakes: knows proper use of tractor protection valve, Understands low air warning, Tests service brakes, Builds full air pressure before moving; Steering: Controls steering wheel, Good driving posture and good grip on wheel; Lights: Knows lighting regulations, Use proper headlight beam, Dim lights when meeting or following other traffic, Adjusts speed to range of headlights, Proper use of auxiliary lights)*
- _____ 4. BACKING AND PARKING; *(Backing: Gets out and checks before backing, looks back as well as uses mirror, Gets out and rechecks conditions on long back, Avoids backing from blind side, signals when backing, controls speed and direction properly while backing; Parking: Parks off pavement, Avoids parking on soft shoulder, Uses emergency warning signals when required, Secures unit properly)*
- _____ 5. SLOWING AND STOPPING; *(Uses gears properly ascending, Gears down properly descending, stops and restarts without rolling back, Tests brakes before descending, Uses brakes properly on grades, Uses mirrors to check traffic to rear, Signals following traffic, Avoids sudden stops, Stops smoothly without excessive fanning, Stops before crossing sidewalk when coming out of driveway or alley, Stops clear of pedestrian crosswalks)*
- _____ 6. OPERATING IN TRAFFIC PASSING AND TURNING; *(Turning: Signals intention to turn in advance, gets into proper lane, Checks traffic conditions, Restricts traffic from passing on right when preparing to turn right; Traffic Signs and Signals; Intersections; Grade Crossings; Passing; Speed; Courtesy and Safety:)*
- _____ 7. MISCELLANEOUS; *(General Driving Ability and Habits: Consistently alert and attentive, adjusts driving to meet changing conditions, Performs routing functions without taking eyes from road, checks instruments regularly while driving; Handling of Freight: Checks freight properly, Handles and loads freight properly, Handles bills properly, Breaks down load as required; Rules and Regulations: Knowledge of Company rules, regulations federal, state, local, knowledge of special truck routes; Use of Special Equipment)*

(Signature of examiner)

(Title)

(2) CERTIFICATION OF ROAD TEST (§391.31)

Instructions: If a road test is successfully completed (see previous form), the person who gave it shall complete a certificate of driver's road test. The original or a copy must be retained in the employing motor carrier's driver qualification file for the person examined. A copy should be given to the person who was examined.

CERTIFICATION OF ROAD TEST UNDER 49 C.F.R. 391.31

Drivers' name _____ Social Security No. _____

Operator's or Chauffeur's License No. _____ State _____

Type of power unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver was given a road test under my supervision on

_____, 20____, consisting of approximately _____ miles of driving.

It is my considered opinion that this driver possesses sufficient driving skills to operate safely the type of commercial motor vehicle listed above.

(Signature of examiner)

(Title)

Double M Trucking, LLC – 171 Medical Center Blvd, Alice, TX 78332

Note: This form is provided as a suggested format for certifying a driver's road test. A motor carrier may use any format for certifying road tests which compliances with §391.31



(3) AUTHORIZATION FOR BACKGROUND INVESTIGATION

File # (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize Double M Trucking, LLC and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment / 1099 Contractor with Double M Trucking, LLC.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish Double M Trucking, LLC with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: State: Zip Code: _____

Date of Birth (for I.D. purposes only): ____ / ____ / ____

Social Security Number: ____ - ____ - ____

Driver's License Number: _____ State of Issue: _____

Position Title: _____ Search #: _____

If will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number and email address where we may contact you.

Phone: (____) ____ - ____ Cell: (____) ____ - ____

Email Address: _____

Signature: _____ Date: ____ / ____ / ____

Please return this completed form with your original signature (scanned PDF document will be accepted) to the appropriate Company Representative as designated in the correspondence with which you received this form.

(4) MVR RESULTS

FOR OFFICE USE

(5) ALCOHOL AND/OR DRUG TEST NOTIFICATION

Part 382 – Controlled Substances and Alcohol Use Testing applies to drivers of this Company.

§ 382.113 Requirement for notice.

Before performing an alcohol or controlled substances test under this part, each employer shall notify a driver that the alcohol or controlled substances test is required by this part. No employer shall falsely represent that a test is administered under this part.

Company Name: _____

Driver/Applicant Name: _____
(Print) (First, M.I., Last)

You are hereby notified the following test will be administered in compliance with the Federal Motor Carrier Safety Regulations.

1. The test is scheduled: Date: _____

Location: _____

Time: _____

2. Check type of test: ☐ Alcohol ☐ Controlled Substance

3. Check reason for test: ☐ Pre-employment ☐ Random ☐ Post-accident
☐ Return to duty ☐ Follow-up ☐ Reasonable suspicion/cause

4. Appointment instructions/comments:

I understand as a condition of my employment with this company, the above identified test is required.

Driver/Applicant's Signature

Date

Witnessed by:

Company Representative Signature

Date

(6) DRUG TEST RESULTS

FOR OFFICE USE

(7) REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

From: _____

To: _____ Date: _____

Social Security Number: _____

_____ has made application to this company for a position as _____ and states that he/she was employed by you as _____ from _____ to _____.

Will you please reply to the inquiry below respecting this applicant? Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience you can reply by fax 361-664-2828 or email to jesse@doublem-trucking.com or mperez@doublem-trucking.com.

1. Is the employment record with your company correct as stated above? _____
2. What kind of work did the applicant do? _____
3. Did the applicant drive motor vehicles for you? (Check one)
☐ Passenger Car ☐ Straight truck ☐ Bus ☐ Tractor-Semitrailer
 Other (specify) _____
4. Was the applicant a safe and efficient driver? _____
5. Please provide the dates of vehicle accidents in which he/she was involved.

6. Reason for leaving your employment:
☐ Discharged ☐ Laid off ☐ Resigned
 Remarks: _____
7. Was the applicant's general conduct satisfactory? _____
8. Is the applicant competent for the position sought? _____
9. Did the applicant drink any alcoholic beverages while on duty? _____

Please rate the items below by placing a check in the line appropriate for the item:

	Excellent	Good	Fair	Poor	Very Poor
Quality of work	_____	_____	_____	_____	_____
Cooperation with others	_____	_____	_____	_____	_____
Safety habits	_____	_____	_____	_____	_____
Personal habits	_____	_____	_____	_____	_____
Driving skill	_____	_____	_____	_____	_____
Attitude	_____	_____	_____	_____	_____

Remarks: _____

Date: _____ Signature: _____

Name of Company: _____

(8) CDL FRONT & BACK COPY

FOR OFFICE USE

(9) MEDICAL CARD COPY

FOR OFFICE USE



(10) ANNUAL MVR AUTHORIZATION FOR BACKGROUND INVESTIGATION

File # (online users only): _____

To Whom It May Concern:

I, _____, hereby authorize Double M Trucking, LLC and/or its agents to make an independent investigation of my background, which may include my character, general reputation, personal characteristics, and mode of living in connection with an application of employment / 1099 Contractor with Double M Trucking, LLC.

The Scope of the report may include information concerning my driving record, civil and criminal court records, credit, education, credentials, identity, past addresses, social security number, previous employment and personal references.

I authorize and request any present or former employer, state/federal government office, state department of motor vehicles, credit bureaus, school, police department, court records, including those maintained by both public and private organizations, financial institution or other persons having personal knowledge about me to furnish Double M Trucking, LLC with any and all information in their possession regarding me for the purpose of confirming the information contained on my Application and/or obtaining other information which may be material to my qualifications for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request.

The following is my true and complete legal name and all information is true and correct to the best of my knowledge:

Print Full Name: _____

Print Maiden Name or Other Names Used: _____

Present Address: _____

City: State: Zip Code: _____

Date of Birth (for I.D. purposes only): ____ / ____ / ____

Social Security Number: ____ - ____ - ____

Driver's License Number: _____ State of Issue: _____

Position Title: _____ Search #: _____

If will need to contact you if additional information is needed to process your Background Investigation. Please provide a telephone/cell phone number and email address where we may contact you.

Phone: (____) ____ - ____ Cell: (____) ____ - ____

Email Address: _____

Signature: _____ Date: ____ / ____ / ____

Please return this completed form with your original signature (scanned PDF document will be accepted) to the appropriate Company Representative as designated in the correspondence with which you received this form.

DOUBLE M TRUCKING

[illegible]

Driver's Signature	Date of Certification
Motor Carrier's Name	Motor Carrier's Address
Reviewed by (Signature)	Reviewed by (Title)
Reviewed by (Printed Name)	Date of Review

Page 16 of 16 SPG-Revised 04-09-14